



HAVANA NIGHTS – OCTOBER 26-31, 2019

PLEASE PRINT LEGIBLY COMPLETING ALL PAGES | COMPLETED FORM MAY BE MAILED, SCANNED & EMAILED OR FAXED

TSA AND THE DEPARTMENT OF HOMELAND SECURITY REQUIRE THAT THIS DEMOGRAPHIC INFORMATION BE INCLUDED. PLEASE COMPLETE IN FULL TO AVOID FURTHER SCRUTINY, BOARDING DENIALS, OR CHECK-IN DELAYS.

EACH TRAVELER MUST COMPLETE THE ENTIRE FORM.
PARENT OR GUARDIAN MUST SIGN THE DISCLOSURES FOR MINORS

PERSONAL INFORMATION – PLEASE ENTER NAME AS IT APPEARS ON YOUR PASSPORT

PRIMARY CABIN MEMBER

Last Name	First Name	Middle	Birthdate	Gender
Street Address			Apartment/Unit #	
City	State	ZIP		
Phone	E-mail Address			

TRAVEL COMPANION/ROOMMATE

Last Name	First Name	Middle	Birthdate	Gender

ADDITIONAL REQUESTS /GUESTS WITH SPECIAL NEEDS

Please use this area to indicate any additional needs you may have. For example, if you'd like to stay in Tampa before or after the cruise and would like hotel, air, car, attraction details, enter them here. Please be sure to include applicable dates and constraints. You will be contacted via email with additional information. If you require special assistance, such as wheelchair, special dietary needs, cribs, etc. please provide full details with this form, indicating the type of assistance needed so Carnival can try to accommodate them. Please note that special accommodations may have additional costs associated with them.

EMERGENCY CONTACT INFORMATION

Name:	Phone:	Relationship:
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CRUISE ITINERARY – CARNIVAL PARADISE | OCTOBER 26 – OCTOBER 31, 2019

SATURDAY OCTOBER 26, 2019 DEPART PORT OF TAMPA 4:00 PM	TUESDAY OCTOBER 29, 2019 HAVANA CUBA DEPART
SUNDAY OCTOBER 27, 2019 KEY WEST FLORIDA 12:00 PM - 6:00 PM	WEDNESDAY OCTOBER 30, 2019 FUN DAY AT SEA
MONDAY OCTOBER 28, 2019 HAVANA CUBA ARRIVE 6:00 AM	THURSDAY OCTOBER 31, 2019 RETURN PORT OF TAMPA 8:00 AM

PORT TRAVEL PLANS

Airport Departure City:	Anticipated Date of Arrival:
Method of Travel (select one):	<input type="checkbox"/> Plane <input type="checkbox"/> Train <input type="checkbox"/> Automobile <input type="checkbox"/> Other (Please specify)

INDEPENDENT AIR TRAVEL DETAILS

I would like assistance with booking flights or information on group air options, please contact me with pricing:	Departure City: _____
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I understand that air plans must be paid for and confirmed no later than 21 days (October 5, 2019) prior to departure. Travel documents will not be released and transfers can't be confirmed until this information is provided to GDS Travel Solutions. INITIAL



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STATEROOMS

Pricing (per person) based on double occupancy. Pricing includes cruise rate, taxes and service fees, prepaid gratuities, and port charges. Triple and quad occupancy rates available upon request.

SELECT	CABIN TYPE	COST
<input type="checkbox"/>	INSIDE CABIN	\$630
<input type="checkbox"/>	OCEANVIEW CABIN	\$730
<input type="checkbox"/>	BALCONY CABIN	\$1050

CHEERS! BEVERAGE PROGRAM

SELECT	COST
<input type="checkbox"/>	\$300

Remember, all adults sharing the same cabin must add the CHEERS! Package. **Add \$25 to the initial deposit.**

Bedding Configuration (Select One) ONE BED TWO SINGLE BEDS

TRAVEL INSURANCE

Travel insurance is strongly recommended by GDS Travel Solutions to protect clients from certain situations that could cause this trip to be cancelled, supplier bankruptcy/default, interrupted, and/or delayed resulting in a loss of time and money for incurred expenses due to baggage loss, medical expenses, and even emergency air transportation

SELECT	OPTION
<input type="checkbox"/>	I DECLINE TRAVEL INSURANCE
<input type="checkbox"/>	I ACCEPT TRAVEL INSURANCE AND HAVE INCLUDED IT WITH MY DEPOSIT – \$89 PER PERSON

Total Trip Price Due
Cruise + Insurance (if accepted) + CHEERS! (if added) \$

TOTAL AMOUNT BEING PAID TODAY
Cruise Deposit + Insurance (if accepted) + CHEERS! Deposit (If added) \$

METHOD OF PAYMENT (CIRCLE ONE)

CHECK | MONEY ORDER | CASHIERS CHECK | CREDIT CARD | CASH APP/GOOGLE PAY | E-INVOICE

Please make all checks/money orders payable to:

GDS Travel Solutions | 29155 Northwestern Hwy #689 | Southfield, MI 48076

Return Check Policy: All returned checks will receive a \$30 NSF fee and a \$10 late fee. If NSF amount and outstanding payment is not received within three (3) days of acknowledgement, booking will be canceled without notice. These fees and the cancellation fees in effect at the time of the cancellation resulting from the returned check will be deducted from any monies to be returned. If one payment is returned further payments will be made by credit card or money order ONLY and NO further checks will be accepted. INITIAL

CREDIT CARD AUTHORIZATION

VISA | MASTERCARD | DISCOVER | AMERICAN EXPRESS

Name As it appears on Card (ONLY PRINT):



Credit Card Number:

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3 or 4 Digit (AMEX)

Security Code: _____

Billing Zip: _____

Expiration Date: _____

Total Amount Being Charged: \$ _____

Credit Card Authorization: By signing this form, I certify that I am the cardholder or an authorized user of the card. I also agree to pay above total as outlined in my card issuer agreement and do not hold GDS Travel Solutions liable for any errors or omissions that are outside of the agency's control. I am also aware that a 4% payment convenience fee will be added to the amount of the transaction. **The fee is non-refundable.** GDS Travel Solutions takes privacy extremely seriously and does what is necessary to follow all government regulations and guidelines as it pertains to securing your information.

_____	_____
Printed Name	Signature & Date



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PLEASE READ CAREFULLY AND INITIAL ALL DISCLOSURES

PAYMENT / CANCELLATION POLICIES

The initial down payment of \$50.00 plus options is now due. The balance will be divided into equal monthly payments and is due by the 15th of each month, with the final payment due by August 15, 2019. All amounts are per person. Once the initial deposit made, the cancellation policy is as follows:

CANCELLATION POLICY

DAYS PRIOR TO DEPARTURE	DATES	CANCELLATION CHARGE PER GUEST
UP TO 150 DAYS PRIOR TO DEPARTURE	ON OR BEFORE MAY 29, 2019	INITIAL DEPOSIT & 100% OF AIR PORTION
149 DAYS - 72 DAYS PRIOR TO DEPARTURE	MAY 30, 2019 – AUGUST 15, 2019	50% OF TOTAL CRUISE FARE & 100% OF AIR
LESS THAN 72 DAYS PRIOR TO DEPARTURE	AFTER AUGUST 15, 2019	100% OF TOTAL CRUISE FARE/AIR (NO REFUND)

I understand the cancellation/amendment policies of the vendor's travel program that I have purchased. In addition, I understand the fees that will be assessed per person as a result of any changes/cancellation of this transaction. I understand that in the event the cancellation fees are greater than the amount paid at the point of cancellation, I am still liable for the cancellation fees. I also understand that my cancellation also impacts my roommate's reservation. I acknowledge that I have received the details of the cancellation fees associated with this itinerary on page three of the trip payment form. I agree to pay all charges, fees, or penalties, and hereby hold GDS Travel Solutions free of any claims made as a result of the changes/cancellation of this travel reservation. **INITIAL** _____

CHANGES IN OCCUPANCY

Cancellations of a person or persons in a package that involve a change in stateroom configuration or category (for example from double occupancy to single occupancy, from ocean view to a balcony) are subject to rates in effect at the time cancellation is made. If the change is made after May 29, 2019, a \$75 change fee will be implemented, in addition to the difference in pricing. **INITIAL** _____

NAME CHANGES

A \$75 name change fee applies to all reservations, if a roommate is changed after May 29, 2019. This fee is in addition to any cancellation policies incurred by the roommate that cancels. If a roommate cancels, and a replacement can't be found the reservation will be rebooked and subject to rates based on the remaining occupant(s) in effect at the time cancellation is made. Only one name change per cabin is allowed. **INITIAL** _____

CITIZENSHIP REQUIREMENTS

All guests need a passport to travel to Cuba, and it must be valid for at least six months beyond your scheduled departure date. Birth certificates and passport cards are not acceptable. If you are a U.S. citizen or resident traveling with a valid Cuban passport, you will still need to bring your U.S. passport or Resident Alien Card to re-enter the U.S. Every traveler must have one. Your passport should not expire before April 20, 2020 and must have two blank pages. You will be denied boarding if you do not have a valid Passport book. GDS Travel Solutions will not be held liable for any boarding denials and lack of proper citizenship documentation. **Initial** _____

PEOPLE TO PEOPLE PROGRAM REQUIREMENTS FOR CUBA TRAVEL

As of November 9, 2017, the U.S. government revised the regulations applicable to travel to Cuba. All guests who booked their cruise on or after June 16, 2017 are required to participate in a group people-to-people program either sponsored by carnival or a third-party U.S. sponsored organization. Those who booked prior to this date may still travel under the self-guided people-to-people authorized category of travel. Please see the sample excursions offered to meet this requirement or contact GDS Travel Solutions for other options. **Initial** _____

RESTRICTED BUSINESSES

You should also be aware that the revised regulations prohibit all visitors from engaging in direct financial transactions with certain entities in Cuba. We encourage you to review the Cuba restricted list released by the U.S. state department before you cruise. **Initial** _____

TRAVEL AFFIDAVIT

According to U.S. travel requirements, all guests must complete a travel affidavit that identifies which authorized category of travel they will be using to enter Cuba. Please print your affidavit (revised travel affidavit dated 11/09/17 – prior versions are no longer valid) when completing your online check-in and present a completed copy at embarkation. Three copies are required. One copy is submitted to Carnival, one copy is submitted to GDS Travel Solutions and guests are also responsible for retaining a copy of their affidavit for their records for five years. A copy of the travel affidavit it is included. **Initial** _____



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CUBA ISSUED VISA

For most guests, a tourist visa will be required, which carnival will facilitate for a \$75 fee that will be charged to your onboard sail & sign account. You will receive your visa at embarkation. Cuban-born guests and guests traveling to Cuba for any reason other than standard people-to-people activities (e.g. Press, business) must present a Cuban passport and/or special visa at embarkation. Initial

CURRENCY EXCHANGE

The Cuban convertible peso (CUC) is the Cuban currency used by tourists. Guests can exchange money for a fee at the cruise terminal in Havana, as well as in hotels, banks and exchange offices. To expedite the currency exchange process, it is recommended you exchange multiples of \$50 U.S. dollars. Guests are highly encouraged to carry enough cash for the day in Havana, since U.S. credit cards and debit cards are not accepted in Cuba. Initial

MISSED EMBARKATION DISCLOSURE

The ship departs at 4:00 pm. Not 4:35, 5:17 or 5:26pm. I must check in on the vessel at least 2 hours prior to departure. I understand that, due to the nature of this cruise, if I miss the embarkation I **WILL NOT BE ALLOWED TO JOIN THE CRUISE AT THE NEXT PORT OF CALL** Initial

MONTHLY PAYMENTS/TRIP CANCELLATION

This vacation is designed to allow for flexible monthly payments. Monthly payments are due on the 15th of each month. If two months have passed without payment or communication, an initial notice of cancellation will be sent. If no communication or payment is made after the initial notice, the reservation will be cancelled. The cancellation policy in effect at that time will be applied. This may cause financial impact to remaining cabin mate(s). Initial

CANCELLATION PENALTIES

I understand the cancellation/amendment policies of the vendor's travel program that I have purchased. In addition, I understand the fees that will be assessed per person fee as a result of any changes/cancellation of this transaction. I agree to pay all charges, fees, or penalties, and hereby hold GDS Travel Solutions free of any claims made as a result of the changes/cancellation of this travel reservation. I understand that I will be charged for any vendor cancellation fees and an additional agency fee of \$50 per person in the event of cancellation if I do not purchase travel insurance. This fee must be collected via debit/credit card before the cancellation can be processed. Initial

ACKNOWLEDGEMENT OF DISCLOSURES

I hereby acknowledge that I have received this important information and I understand the cancellation/amendment policies of the vendor's travel program that I have purchased. In addition, I understand the fees that will be assessed per person as a result of any changes/cancellation of this transaction. I understand that in the event the cancellation fees are greater than the amount paid at the point of cancellation, I am still liable for the cancellation fees. I also understand that my cancellation also impacts my roommate's reservation. I acknowledge that I have received the details of the cancellation fees associated with this itinerary on page three of the trip payment form. I agree to pay all charges, fees, or penalties, and hereby hold GDS Travel Solutions free of any claims made as a result of the changes/cancellation of this travel reservation. I have reviewed the dates, times, and reservations made on my behalf by GDS Travel Solutions and I agree that they are correct and accurate. Unless otherwise stated, this trip is nonrefundable. I understand that GDS Travel Solutions is not responsible for any cancellation, errors or omissions on my behalf or on the behalf of vendors providing travel services as a result of this reservation. I understand that a passport is required for this itinerary. Full details are found at www.travel.state.gov. I understand that GDS Travel Solutions will not be held liable for any circumstances resulting in denied boarding and/or situations beyond its control.

Printed Name

Signature & Date